**Montana Mental Health Trust**

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**Calendar Year 2024 Grant Application**

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Name of Your Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MT 59\_\_\_\_\_\_\_

Contact Person’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the  ***Calendar Year (CY) 2024 Grant Application Guidelines*** of the Montana Mental Health Trust (the "Trust”) and understand all of the Guidelines. I specifically understand:

* The Trust will award no more than $400,000 in total grants during this grant application cycle, and the maximum grant to any applicant will not exceed $50,000.
* The Trust strongly prefers applications for three project types specified in the *Calendar Year 2024 Grant Application Guidelines.*
* The Trust’s General Grant Policies.
* The Trust’s Application Process Requirements.
* The deadline for grant applications is 5:00 p.m., Monday, October 30, 2023.
* The Trust’s project **accountability and reporting requirements** that include **the return of grant payments previously received if required reports are inadequate or not timely**.

I have attached a separate document consisting of 20 pages or less and provided detailed information in response to the fourteen matters raised on pages 2 through 5 of this Grant Application. I have numbered and titled my paragraphs to correspond with those numbered and titled paragraphs. For example, my first paragraph begins “**1. Project Title.**” The solicited material follows.

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023 by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of authorized representative of the grant applicant]**Provide detailed responses to the following:**

**1. Project Title:**

Provide a concise, one-phrase project title that encapsulates the central theme of the project for which you are seeking support.

**2. Project Topic:**

If your application concerns one of the five preferred topics, expressly indicate that the general project topic is one of the following:

1. Invest in payer organizations to perform and disseminate research on pharmacological and psychotherapeutic treatment and effectiveness strategies in Montana.

2. Development of evidence based or promising novel programs to serve individuals with co-occurring disorders in an integrated manner. Bi-directional links are known between mental illness, addiction, and medical illness. This would include transitional youth, ages 16-24, with a substance abuse problem (use or disorder) and serious emotional disturbance (SED or SDMI diagnosis).

3. Provision of physical, psychological, laboratory, pharmacological and educational services to all persons in Montana.

4. Provide transitional housing for persons released from treatment/custodial facilities.

5. Establishment and/or continuance of community crisis systems for law enforcement agencies, community organizations, and courts to divert mentally ill persons from incarceration.

**3. Description of Project:**

Give the distilled essentials of the project. Clearly state the problem (or opportunity) to be addressed, its significance, and the plan you are proposing to address the problem (or opportunity). Indicate how you expect your approach will solve the problem or meet the described opportunity.

Your description of the project should include responses to the following questions:

* To what extent is the scope of this problem local or statewide?
* What are other points of view, supportive or otherwise, regarding how you intend to approach this project?
* How will Trust dollars be used in the project?

**4. Demonstration of Community Collaboration:**

Through cooperation and partnerships, resources can be maximized, and organizations and **communities** are enriched. Describe how you identified other community agencies and resources that may be additional partners in your grant project. Describe the collaboration efforts with agencies and resources and include letters of support as applicable. Any application that includes collaboration must include a resolution or equivalent document from tribal, community, government or other entities, specifying that the entity agrees to participate as a partner in the project and will strongly support the project for the entire duration of the grant.

**5. Total Project Cost and Timetables:**

“Total Project Cost” means the cost of the overall project (example: community crisis intervention team), not just that portion of the project for which support from the Trust is being requested (example: conduct of a class in one particular location). Give the timetable for implementation and completion of the project. If the timetable for completion is more than six (6) months after notification from the Trust that the Trust will support your application, provide a proposed schedule for the Trust to distribute funds in accordance with the project’s needs. Specificity is required. Ordinarily, grants funds will be disbursed quarterly, dependent on approved progress reports.

**6. Organizational Information:**

List the names of the people who comprise your staff. Specifically designate “Professional Staff” as contrasted with support staff, e.g. those who have received some formal training, generally in academic settings, for the work they do. Usually, professional staff includes the people who provide some special leadership, expertise, experience, or skills to the organization.

What is your “Organizational Mission?” Provide your succinct mission statement. Be clear about what the organization considers to be its top priorities. State the values that are foundational to the organization and how these are made evident in what it does. Explain who are served.

Provide a description of the organization’s structure and its history which shows that it has the ability to complete the proposed project. This statement should include information to indicate that the applicant has sufficient expertise, personnel, and the financial resources to complete the project.

Indicate whether your organization is a charitable organization. If your organization is a charitable organization, provide a copy of the determination letter your organization received from the Internal Revenue Service.

If your organization has received a grant from one or more organizations other than the Trust (or its predecessor, the Montana Mental Health Settlement Trust), provide the name of at least one such grantor organization, its contact person, and a signed writing authorizing the release of information concerning your organization’s performance of that grant. If your organization has not received a grant from this Trust, its predecessor, or another organization, provide information about your organization (including its management, activities, and practices) which you think reasonably would assure the Trust that your organization will use the grant for the purposes set forth in your application.

**7. Organizational Financial Record:**

The financial information provided should be for the entire organization, not just the project being proposed. If your organization is a state or regional chapter of a larger organization, or a foundation that raises funds for another (such as a foundation for a hospital), fill out one page for the smaller entity and one for the larger entity. If numbers are not available for the most recent year, estimate them and so indicate.

**8. Your Organization and the Project:**

Describe the context and particular circumstances out of which this specific project request arises. Compare and contrast your organization with other similar groups in your city, town, or area. What geographical area do you propose to serve with the requested funds? Are you the only organization in your local area proposing to implement this kind of project?

Describe your strengths and expertise that are valuable for the success of this project.

Does your organization have weaknesses that will be helped by this project?

**9. Itemized Project Budget:**

Provide a budget for the proposed project, one column for each year of support requested. Break down the budget by category, such as personnel (specify positions or titles), equipment (list major items), supplies, travel, or whatever categories best apply to your project. If funds designated for certain budget items have been previously raised, asterisk (\*) those items. If Trust support is being requested for specified items in the budget, **bold** those items. Provide a clear rationale for the level of support you are requesting from the Trust. **Note:** If the proposed budget includes amounts for “indirect” or “overhead” costs, please specifically set forth these costs in detail. The indirect costs cannot be more than 5%.

Justify your budget and comment on your assumptions that costs are realistic.

**10. Project Funding Plan and Goals:**

Describe how you plan to raise any funds not covered by your grant application. In one column, list other intended funding sources by category, such as individuals, foundations, and corporate sources and use of existing state funds such as Medicaid, county matching or mobile crisis. In a second column, list the amounts you are targeting in each source. In a third column, list those funds already pledged or raised. If you are raising support over more than one year, list the goals by year and the amounts raised against the goals. Finally, specify your top three or four major prospects, the amounts to be sought from each, and the actual or expected decision dates (month/year). List the top three or four gifts or grants already in hand.

If other funds have been raised to or pledged for this project, supply a written statement from whoever has supplied or pledged money to support your project which confirms the amount and delivery of such funds.

**11. Trust Relevance:**

State the circumstances and rationale that led you to request support from the Trust.

**12. Project Staff:**

Give the names, titles and pertinent experience of key people who will oversee and conduct the project. Indicate if they are already on your staff and available.,. If they are to be recruited for the project, list the qualifications they must have. Provide a timetable for their recruitment and appointment.

**13. Future and Sustainability of Project:**

Will this project have value or continue beyond the period of support requested from the Trust? If so, describe in detail the plan for sustainability of the project.

**14. Evaluation Plan:**

What are your project goals (what you hope to accomplish)? The objectives to meet those goals must be specific, measurable, achievable, realistic and time-bound (SMART). Describe how you will evaluate the progress and ultimate success of your project. How will you determine or measure the extent to which your goals have been reached? How will you determine if the project has been important to others? Who will do the evaluation? What are the qualifications of those conducting the evaluation? The goals and objectives will be included in all reports to the Trust.

**15. References:**

List the names and contact information for at least three references that the Trust may contact to gain further information concerning your organization. If other individuals or entities support your application, list complete contact information so that the Trust may contact them.

**LENGTH OF APPLICATION: APPLICATIONS ARE TO BE NO LONGER THAN Twenty (20) PAGES USING NO SMALLER THAN A 12 POINT FONT. ANY EXCEPTION TO THE 20-PAGE LIMIT MUST BE APPROVED IN ADVANCE BY THE TRUST DIRECTOR. EXCEPTIONS MUST BE JUSTIFIED BY EXTRAORDINARY CIRCUMSTANCES AND WILL NOT BE ROUTINELY GRANTED.**

**This 20-page limit includes everything to be considered by the Trust, such as**

* **The list of references and contact information;**
* **The letter authorizing the release of information by other grantor organizations;**
* **Photographs, if any;**
* **Appendices, if any; and**
* **Drafts, if any.**

**However, the 20-page limited does NOT include:**

* **page 1 of this *Grant Application***
* **written statements of those who have supplied or pledged money as required by Paragraph 10 of this *Grant Application*, and**
* **Letters of support to demonstrate community collaboration.**

**Sign, date and submit your application as directed by the *Montana Mental Health Trust – Calendar Year 2024 Grant Guidelines*. Save your document using: name of organization short title of project Mental Health Trust.**

Submit electronically to:

Marcia Armstrong, Trust Director

MontanaMHT@gmail.com